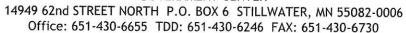
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

GOVERNMENT CENTER





SSTS MAINTENANCE REPORT

Date of Maintenance 6-27-17 Reason fo	r Maintenance: Reg	ster main	1 trums	
Property Address: 16905 Ingersof Av	CN. Prope	erty Owner's Name:	Shelly Bakke	
Municipality:	State MN Zip Code	22038 GEO	Code/Property I.D. #: p 22 58964	12
What was done to the system?	Tank Measurements (must be completed if tanks NOT pumped)			
Tank(s) Pumped	Liquid Level of Tan	uk in Slude	ge Level in. Scum Level in.	
Sludge and scum measured.	Liquid Level of Tall	ik in. Sludg	Scum Level	3
Do tanks need to be pumped?	Total (Sludge + Sci	um) / Liquid	Level = % Sludge & Scum	*
Yes No (If no provide measurements				- €
1. Access used to remove septage: Maintena	nce Hole Other (Go to #3 below)	 * Tank must be pumped if this value is greater than 25%. 	e
2. If maintenance hole was used, were all covers s	ecurely replaced? 🗶	Yes No please ex	xplain	
Explanation:				
3. If owner refuses to allow a Subsurface Sewarthem complete and sign the following states	ge Treatment Systen nent:	n (SSTS) to be pumpe	d through the maintenance hole, have	
I,(own	ner's name), refuse to	allow the removal of s	olids and liquids through the maintenance	2
hole. I understand that removal of solids and lie				
4. Is the tank designed as a leaky tank? example: so	eepage pit, cesspool, di	ywell, leaching pit		
Tank#1 Yes No Verificatio Method U	sed:			_
Tank#2 Yes No Verificatio Method U	sed:			
5. Is there evidence of tank leakage from a sept damaged, cracked, or structurally unsound n	tic, holding, pretreat	ment or pump tank b	pelow the operating depth or evidence o	of
Tank	Leaking Out	Leaking In	Cover Damage	
Septic/Holding Tank #1	☐ Yes [√No	☐ Yes 🔀 No	☐ Yes IXNo	
Septic/Holding Tank #2	☐ Yes IKNo	☐ Yes □ No	☐ Yes ☐ No	
Pretreatment Tank	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	
Pump Tank	☐ Yes KNo	☐ Yes KNo	☐ Yes ☐ No	
6. How many gallons of septage were removed		7	, , , , , , , , , , , , , , , , , , , ,	
Tank #1 Tank #2	Pretreatment Tar	nk	Pump Tank 350	
7. Other information: List any troubleshooting,	minor repairs condu	icted, tank safety con	cerns, or other concerns.	
8. Certification: I hereby certify as a State of Minr and made the observations, or d	nesota certified SSTS A irectly supervised oth	Maintainer that I personers in the performance	nally conducted the work e of this job.	
Maintainer's Name: Olsons Sculer	Service Maintaine	r's Address: 1763	58 Lyons St NE	
Maintainer's License #: Maintaine)'s Phone #:		1	
Maintainer's Signature	2	Date:	6-22-17	